

EARLY VOTING BALLOT TRANSPORT STATEMENT

~This form is to be completed each time the ballot box LOCK is OPENED for ballot transport~

At Location

Election Type: General Election

Election Date: 11/08/2022

Name of Location: **MARICOPA COUNTY JUVENILE COURT - DB - VC# 15734**

BOX 2 OF 2

Arrival Time: 10:48

Were there ballots to be picked up?



YES <If YES, complete lines 1-5



NO <If NO, complete lines 2-5

Completed Forms picked up?



YES



NONE

IS22005496 IS22005495

1) Red Box Seals # _____ & _____ <Indicate the seal numbers that were placed on ballot transport box

2) Ballot Box Sealed/Checked on (Date) 11/2/22 (Time) 10:57 <Date and time box was sealed/checked

3) Location Staff Member (Signature) [Signature]

4) Transport Staff Member (Signature) [Signature]

5) Transport Staff Member (Signature) [Signature]

Departure Time: 10:53

Transport Receipt

This portion to be completed by the Receiving Agent at the MCTEC Facility

Receiving Agent (Signature) [Signature]

Sign to acknowledge receipt from Transport Staff Member

Date/Time: 11-2-22

Date of Audit Match

Ballot Box Seals # IS22005496 & IS22005495 <If applicable, verify the seal numbers on the box match the above from location

Count of Ballots in Transport Bin # 296

6296
WO

Audit Agent (Signature) [Signature]

Sign to affirm seal #'s match or that no ballots were to be picked up

Date/Time: 11/2/22

Date of Audit Match

